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**\*BIBDATASHEET\***

CONFIRMATION NO. 7997

Bib Data Sheet

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/702,319	11/06/2003	435	1636	11000.1036c5
RULE				

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/291,447 11/08/2002  
 which claims benefit of 60/345,397 11/09/2001  
 and claims benefit of 60/425,087 11/08/2002  
 This application 10/702,319  
 is a CIP of 10/137,036 04/30/2002  
 which is a CIP of 09/276,599 03/25/1999 PAT 6,380,459  
 and is a CIP of 09/724,624 11/28/2000 ABN  
 and is a CIP of 09/598,401 06/20/2000 PAT 6,596,925  
 which is a CIP of PCT/NZ00/00018 02/24/2000  
 and claims benefit of 60/146,591 07/30/1999  
 and is a CIP of 09/276,599 03/25/1999 PAT 6,380,459

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 04/21/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

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**TITLE**

Compositions and methods for the modification of gene expression

<b>FILING FEE RECEIVED 595</b>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )